

215037178  
60150

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 063	Agency Case No. B5-084957	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/13/2015		TIME OF ACCIDENT 1454	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1454	09/13/2015	
B	80	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. M Street, South 27th to South 28th			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				25.00	X	South 27th Street
V1/M	20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
F	1	VEHICLE NO. 1				
		DRIVER LICENSE NO.	H12742502	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	1	DRIVER JAMES A DAVIS		PHONE 402-613-1566	LOCAL NO.	
V2/N	1	DRIVER ADDRESS 322 S 30TH ST, LINCOLN, NE 68510		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/14/1985
G	2	OWNER JAMES A DAVIS		PHONE 402-613-1566	LOCAL NO. W/M 02-14-1985	
		OWNER ADDRESS 322 S 30TH ST, LINCOLN, NE 68510		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
H	5	LICENSE PLATE PA NO.	SCC094	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	2	VEHICLE	1998	MAKE Honda	MODEL Civic	BODY STYLE 2 door Sedan
		VEHICLE ID NO. (VIN)	1HGEJ814XWL123008	COLOR white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500	
V2/O	1	TOWED TO	TOWED BY		INSURANCE COMPANY	Progressive Insurance
		POLICY NO.		16114130		
I	1	VEHICLE NO. 2				
		DRIVER LICENSE NO.	K02-09-3771	STATE (Of License)	KS	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	1	DRIVER MELISSA C BROWN		PHONE 816-305-9806	LOCAL NO.	
V2/P	1	DRIVER ADDRESS 4329 TOWERS RD, KANSAS CITY, MO 64130		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/16/1987
J	01	OWNER JANICE L DAVIS		PHONE 816-423-1309	LOCAL NO. B/F 03-12-1960	
		OWNER ADDRESS 1639 EAST 19TH STREET, APARTMENT #B, KANSAS CITY, MO 6410		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q	4	LICENSE PLATE PA NO.	DM2J1Y	YEAR (Plate Expires)	2016	STATE (Of Plate) MO
V2/Q	4	VEHICLE	2010	MAKE Toyota	MODEL Corolla	BODY STYLE 4 door Sedan
		VEHICLE ID NO. (VIN)	2T1BU4EE0AC342015	COLOR black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 50	
K	01	TOWED TO	TOWED BY		INSURANCE COMPANY	Direct General Insurance Company
		POLICY NO.		MOPD-590000960		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS			Seat Position	Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	Body Region	Injury Sev.
					Trans.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

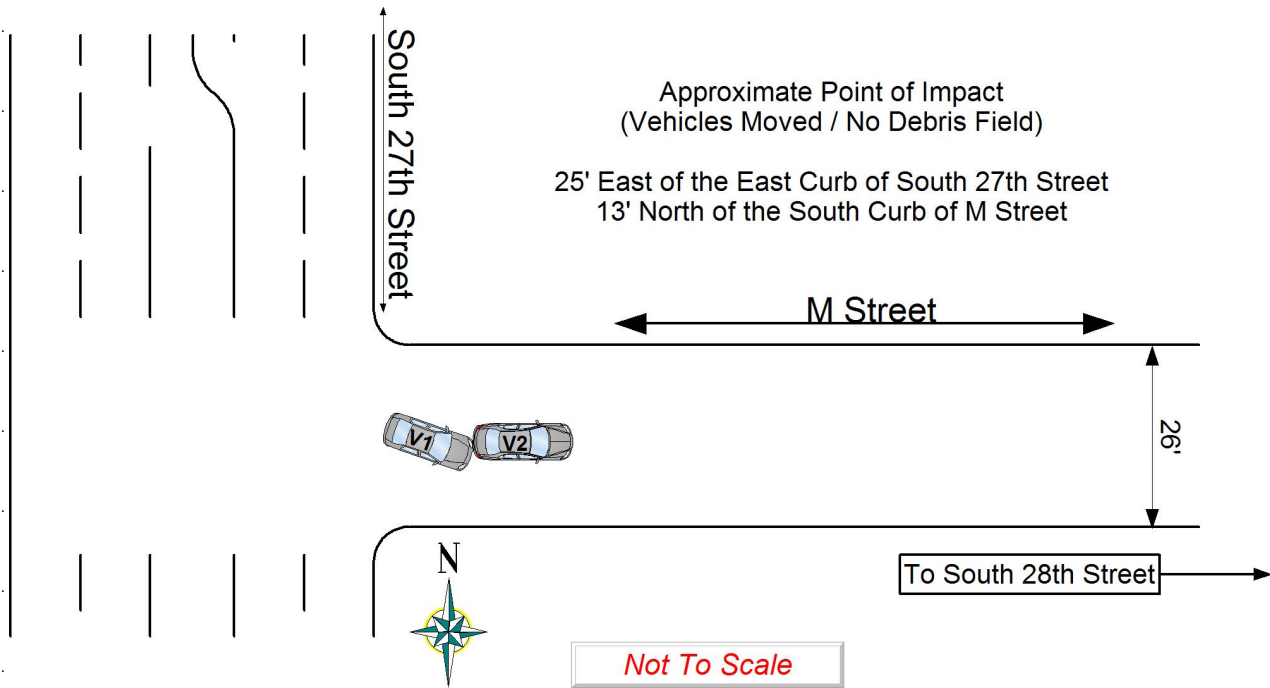
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-084957**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 indicated he had turned onto M Street from South 27th Street behind V2. D1 indicated that V2 came to a stop in the middle of M Street, put her vehicle in reverse & backed into his vehicle. D2 indicated she had turned onto M Street from South 27th Street in front of V1. D2 indicated she stopped because she needed to turn around. D2 indicated she put her vehicle in reverse but before she could start moving she was struck from behind by V1. Drivers gave conflicting versions of how the accident occurred.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME ADDRESS PHONE				
	NAME ADDRESS PHONE				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																									
1			X		M				-		-		VEH 1 1 VEH 2 5																	
2			X		M STREET				4		2		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> <td>X</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N	X	N	X				
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																											
Y		Y	Y																											
N	X	N	X																											
1	11	06 Turning left			VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ALCOHOL LEVEL TESTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> </tr> </table>		ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2	N	X	N										
ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2																												
N	X	N																												
2	11	07 Making U-turn			POINT OF IMPACT	08	POINT OF IMPACT	05	2 Deployed - side		2 Lap & shoulder belt used		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>BAC LEVEL</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td></td> <td>1</td> <td>1</td> </tr> </table>		BAC LEVEL	Driver No. 1	Driver No. 2		1	1										
BAC LEVEL	Driver No. 1	Driver No. 2																												
	1	1																												
		08 Entering traffic lane			MOST DAMAGED AREA	08	MOST DAMAGED AREA	05	3 Deployed - both front/side		3 Shoulder belt only used		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ALCOHOL/ DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1</td> <td></td> <td>1</td> </tr> </table>		ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	1		1										
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2																												
1		1																												
		09 Leaving traffic lane			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>00 None</td> <td>02</td> <td>03</td> <td>04</td> </tr> <tr> <td>09 Top &amp; windows</td> <td colspan="3"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>01</td> <td>05</td> </tr> </table> </td> </tr> <tr> <td>10 Undercarriage</td> <td>08</td> <td>07</td> <td>06</td> </tr> </table>				00 None	02	03	04	09 Top & windows	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>01</td> <td>05</td> </tr> </table>			01	05	10 Undercarriage	08	07	06	4 Not deployed		4 Lap belt only used		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2</td> <td>2</td> </tr> </table>		2	2
00 None	02	03	04																											
09 Top & windows	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>01</td> <td>05</td> </tr> </table>			01	05																									
01	05																													
10 Undercarriage	08	07	06																											
2	2																													
		10 Parked			11 Total (all areas)				5 Child safety seat used		5 Child booster seat used		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>4</td> <td>5</td> </tr> </table>		4	5														
4	5																													
		11 Slowing or stopped in traffic			12 Other				6 Not applicable/ No airbag available		6 DOT approved helmet used		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>4</td> <td>5</td> </tr> </table>		4	5														
4	5																													
		12 Other							7 Costume helmet used		7 Restrained use unknown		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2</td> <td>2</td> </tr> </table>		2	2														
2	2																													
		13 Unknown							8 Unknown				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2</td> <td>2</td> </tr> </table>		2	2														
2	2																													

OFFICER NO. <b>763</b>	TROOP/ TEAM/ BEAT <b>5</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Brian Hoefer</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Brian Hoefer</b>	DATE OF REPORT <b>09/13/2015</b>